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Summary

COLORECTAL CANCER DIAGNOSES AFTER A NEGATIVE FIT IN THE FINAL ROUND OF THE DUTCH SCREENING PROGRAM: INFORMING RISK-STRATIFIED UPPER AGE LIMITS

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UEG Week Barcelona 2026 | Presentation

Gut Microbiota | Digestive Oncology | Colorectal

October 19, 2026

In a Dutch cohort of 152,548 individuals with a negative FIT at age 75, those with detectable fecal hemoglobin (>0 µg/g, comprising 8% of the population) had a nearly fivefold higher risk of colorectal cancer within four years compared to those with undetectable levels (HR 4.65, 95% CI 4.16–5.20).

KEY POINTS

- Among individuals with detectable fecal hemoglobin in their final negative FIT, 166 colorectal cancers (62.6% of cancers in this group) were diagnosed 2–4 years later, representing 18% of all colorectal cancers identified within four years.
- Risk elevation was evident even at the lowest detectable concentrations: individuals with 0.1–9.9 µg Hb/g feces had a fourfold increased risk (HR 3.83, 95% CI 3.22–4.55), with hazard ratios reaching 6.05 in the highest fecal hemoglobin categories.
- Offering an additional screening round at age 77 to the 8% with detectable fecal hemoglobin could potentially prevent or enable earlier detection of up to 18% of all colorectal cancers diagnosed within four years, with a number needed to screen of 75 compared to 241 for universal screening.
- Participants screened four or five times by age 75 had modestly lower colorectal cancer risk compared to those screened once (HR 0.83 and 0.78, respectively), but the reduction was not substantial.
- Colorectal cancer risk following a negative FIT at age 75 did not differ by sex.

– The presenter noted that a trial is currently underway in the Netherlands to assess the harms and benefits of risk-stratified screening extension beyond age 75.

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